

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/868553 APPLICANT(S)		FILING DATE			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1			/				51				
2			/				52				
3							53				
4			/				54				
5			/				55				
6			/				56				
7				/			57				
8				/			58				
9							59				
10				2			60				
11			/	/			61				
12			/				62				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			6				TOTAL IND.				
TOTAL DEP.			9				TOTAL DEP.				
TOTAL CLAIMS			15				TOTAL CLAIMS				